

RESIDENT STOCKHOLDER  
W.S. § 16-6-101(a)(i)(C)

AFFIDAVIT:

State of \_\_\_\_\_

County of \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT

\_\_\_\_\_ Name of Wyoming Corporation

doing business as

\_\_\_\_\_ Name of DBA

of

\_\_\_\_\_ Wyoming Business Street Address

City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

with a mailing address of

\_\_\_\_\_ Address City/State/Zip Telephone Number

being duly sworn, deposes and says that the corporation named above is organized under the laws of the state with at least fifty percent (50%) of the issued and outstanding shares of stock in the corporation owned by persons who have been residents of the state for one (1) year or more prior to bidding upon the contract or responding to a request for proposal, and which maintains its principal office and place of business within the state, and the president of the corporation has been a resident of the state for one (1) year or more immediately prior to bidding upon the contract or responding to a request for proposal.

Please Indicate Type of Business (check all that apply):

Erection \_\_\_\_\_ Construction \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_

**Note:** This office does not certify resident suppliers or consultants.

The corporate president's name and permanent Wyoming home street address:

\_\_\_\_\_ Name Street Address City/State/Zip

**Note:** PLEASE PROVIDE A PHOTOCOPY OF THE PRESIDENT'S DRIVER'S LICENSE. IF THE LICENSE IS AN EXTENSION, PLEASE PROVIDE A COPY OF THE BACK OF THE LICENSE ALSO. WE WILL NOT PROCESS THIS AFFIDAVIT WITHOUT A COPY.

THE FOREGOING INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Corporate Vice President/Secretary/Treasurer Corporate President

Sworn to before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Sworn to before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Public

**Note:** This form must be signed by the corporate president and one other officer with that officer’s title next to the name. Both names must be notarized.

**INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION**